



# Department of Defense DIRECTIVE

AD-A272 391



April 15, 1986  
NUMBER 6015.16

ASD(HA)

SUBJECT: Department of Defense Policies for Planning Fixed Military  
Health Facilities

- References:
- (a) DoD Directive 6015.16, "Technical Military Health and Medical Facilities Requirements," September 24, 1968 (hereby canceled)
  - (b) Title 10, United States Code, Chapter 55, Sections 1071-1087
  - (c) DoD Instruction 6015.17, "Planning and Acquisition of Military Health Facilities," March 17, 1983
  - (d) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," October 5, 1984
  - (e) Secretary of Defense Memorandum, "Interpretation of the Health Affairs Charter (DoD Directive 5136.1)," August 7, 1985
  - (f) DoD 4270.1-M; "Construction Criteria," December 1983, authorized by DoD Directive 4270.1, July 11, 1983

## A. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to update DoD policies on developing proposals for new construction, major alteration, or acquisition of military health care facilities.

## B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD) and the Military Departments.

## C. DEFINITIONS

1. Military Health Facility. A military facility, or complex of facilities, capable of providing a level of health services or health service support commensurate with its mission and functions. These facilities are within the Military Construction Program Category Code 500 Series.

2. Military Readiness. The ability of forces, units, weapons systems, or equipment to perform as they were intended, and to deploy and employ without unacceptable delays.

## D. POLICY

1. The Department of Defense shall provide quality health care for active duty military personnel, their dependents, and other authorized personnel; provide sufficient military health facilities to maintain the combat effectiveness of the military force; provide for essential teaching and training of the military medical force; and ensure support for expanded missions during periods of mobilization or national emergency.

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2. Military health facility planning, programing, design and construction shall be based primarily upon military readiness requirements.

3. The Department of Defense shall propose construction, alteration, or acquisition of a military health facility when physical deterioration, functional inadequacy, or new requirements are evident and one or more of the following criteria are met:

a. Current facilities can not provide the direct military health support required by the military readiness mission.

b. Local civilian or governmental health care capabilities are or are projected to be either inadequate or unavailable, as determined by a DoD analysis or on-site survey.

c. Construction replacement, major alteration, or acquisition of a military health facility is required to support teaching, training, and skills maintenance requirements necessary to ensure military readiness.

d. Providing authorized health services in a military health facility is most cost effective for the Government, using DoD- approved Military Health Service System sizing and economic analysis procedures.

4. The Assistant Secretary of Defense (Health Affairs) shall recommend construction of military health facilities in accordance with the provisions of 10 U.S.C. 1087 (reference (b)).

5. Contingency planning to permit increased medical facility capability shall be conducted in accordance with DoD Instruction 6015.17 (reference (c)).

#### E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs)(ASD(HA)), to carry out the responsibilities of DoD Directive 5136.1 and Secretary of Defense Memorandum (references (d) and (e)), shall:

a. Administer the medical military construction program by serving as program manager for all military health facility construction.

b. Establish priorities for the construction, major alteration, or acquisition of military health facilities.

c. Plan, program, and budget for all military health facility construction projects requiring congressional notification or approval. This includes the compilation or development of all necessary supporting documentation.

d. In conjunction with the Assistant Secretary of Defense (Comptroller), allocate military health facility construction funds to the DoD construction/contracting agents.

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e. Assign responsibility to the Military Departments for providing specialized health services such as burn treatment, radiation therapy, and open heart surgery.

f. Review and approve all concept proposals and certify all military health facility designs as 35 percent complete as defined in DoD 4270.1-M (reference (f)) before inclusion in the Defense Budget.

g. Establish or participate in the establishment of military health facilities planning and design guidance supporting the missions of the Military Health Services System, including:

(1) A DoD-approved Military Health Services System (MHSS) sizing methodology.

(2) Economic analysis procedures.

(3) Space planning criteria.

(4) Health facility engineering policies and criteria.

2. The Secretaries of the Military Departments shall:

a. Provide the information and support required to enable the Office of the Assistant Secretary of Defense (Health Affairs) OASD(HA) to execute its responsibilities for the planning, programing, budgeting, design and construction of military health facilities detailed in subsection E.1., above.

b. Submit an annual statement of the Military Departments' health facility requirements on February 1 to the OASD(HA) to assist in the implementation of the policies set forth in subsections D.1. through D.3., above. This submission shall reflect the requirements for the Budget Year and the next five program years.

c. Carry out assigned design and construction activities required to accomplish approved military health facility construction projects.

1. Execute design upon release of design instructions and funds from OASD(HA).

2. Execute construction upon release of construction directives and funds from OASD(HA).

F. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 60 days.

*William H. Taft, IV*

William H. Taft, IV  
Deputy Secretary of Defense

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**SUPPLEMENTARY**

**INFORMATION**

# DEPARTMENT OF DEFENSE

## DIRECTIVES SYSTEM TRANSMITTAL

NUMBER

See Below Pen Changes

DATE

November 16, 1994

DISTRIBUTION

6000 series

ATTACHMENTS

None

*ERRATA AD-A 278 391*

### INSTRUCTIONS FOR RECIPIENTS

Pen changes to the following DoD Issuances are authorized:

#### DoD Issuance Number and Date

#### Change Number

DoD Directive 6000.2, April 8, 1988

Change 1

Section H.

Heading. Delete "AND IMPLEMENTATION"  
Lines 1 and 2. Delete "Forward two copies of  
implementing documents to the Assistant Secretary  
of Defense (Health Affairs) within 120 days."

DoD Directive 6000.6, August 24, 1977

Change 1

Section E.

Heading. Delete "AND IMPLEMENTATION"  
Paragraph 2. Delete in its entirety.

DoD Directive 6000.8, December 6, 1985

Change 1

Section G.

Heading. Delete "AND IMPLEMENTATION"  
Lines 1 through 3. Delete "Forward one copy of  
implementing documents to the Assistant Secretary of  
Defense (Health Affairs) (ASD(HA)) within 120 days."

DoD Directive 6010.7, August 27, 1975

Change 5

Section VIII.

Heading. Delete "AND IMPLEMENTATION"  
Lines 1 through 4. Delete "Three copies of proposed  
implementing regulations shall be forwarded to the Assistant  
Secretary of Defense (Health Affairs) within 30 days."

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

<b>NUMBER</b> See Below Pen Changes	<b>DATE</b> November 16, 1994	<b>DEPARTMENT OF DEFENSE</b> <b>DIRECTIVES SYSTEM TRANSMITTAL</b>
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INSTRUCTIONS FOR RECIPIENTS (continued)

<u>DoD Issuance Number and Date</u>	<u>Change Number</u>
<u>DoD Directive 6010.13, February 3, 1986</u> Section G. Heading. Delete "AND IMPLEMENTATION" Lines 1 and 2. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1
<u>DoD Instruction 6010.15, March 10, 1993</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1
<u>DoD Directive 6010.16, March 8, 1988</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 6. Delete "The Office of the Armed Forces Medical Examiner shall be established within 120 days of the implementation of this Directive, at which time the procedures for the notification of death shall be in effect. The Director of AFIP shall prepare a tri-Service implementing regulation and shall forward one copy of implementing document to the Assistant Secretary of Defense (Health Affairs) within 6 months."	Change 1
<u>DoD Directive 6015.1, December 12, 1988</u> Section E. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 90 days."	Change 1
<u>DoD Directive 6015.16, April 15, 1986</u> Section F. Heading. Delete "AND IMPLEMENTATION" Lines 1 and 2. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 60 days."	Change 1
<u>DoD Instruction 6025.15, November 9, 1992</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "The Military Departments shall forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1

NUMBER

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DATE

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## INSTRUCTIONS FOR RECIPIENTS (continued)

DoD Issuance Number and DateChange NumberDoD Directive 6420.1, December 9, 1982

Change 2

Section F.

Heading. Delete "AND IMPLEMENTATION"

Lines 1 through 3. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."

DoD Directive 6430.2, June 21, 1984

Change 1


Section F.

Heading. Delete "AND IMPLEMENTATION"

Lines 1 through 3. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."

EFFECTIVE DATE

The above pen changes are effective immediately. Although the pen changes remove the requirement for DoD Components to issue implementing documents, the DoD issuances are directly applicable to all elements with the Components and the Heads of the DoD Components are responsible for carrying out the DoD guidance.



JAMES L. ELMER  
Director  
Correspondence and Directives